RESEARCH HIGHLIGHTS

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HOUSING, LONG TERM CARE FACILITIES, AND SERVICES FOR HOMELESS AND LOW-INCOME URBAN ABORIGINAL PEOPLE LIVING WITH HIV/AIDS

INTRODUCTION

The objectives of this research study were:

- to examine housing issues and residential facilities and services available to homeless and low-income Aboriginal people with HIV/AIDS in urban centres, and gaps in services; and
- to identify culturally appropriate housing, residential facilities and services for them.

METHODOLOGY

This qualitative research included:

- a review of the literature;
- a survey of twenty-seven Aboriginal and non-Aboriginal service providers in Vancouver, Edmonton, Regina, Winnipeg, Toronto, Ottawa, Montreal and Halifax;
- interviews with three Aboriginal service providers in the United States; and
- a survey of five Aboriginal people living with HIV/AIDS.

The questions in the survey addressed:

- demographic and housing information about Aboriginal people with HIV/AIDS in the selected cities,
- housing and residential care facilities for people living with HIV/AIDS in the selected cities,
- the use of these facilities by Aboriginal people and barriers to use, and
- the kinds of culturally appropriate housing and residential care facilities needed by Aboriginal people with HIV/AIDS.

FINDINGS

Most urban Aboriginal people with HIV/AIDS live in unstable housing conditions and in destabilizing lifestyles. Additional supports, services and transitional housing are required to meet their housing and care needs. Improving the housing and long-term care options for urban First Nations, Inuit and Métis population living with HIV/AIDS, taking gender into account, is all the more critical since the majority of Aboriginal people with HIV/AIDS cannot return home to their communities. Barriers include the lack of services as well as the stigma around AIDS and the associated stigmas related to injection drug use and sex work, in addition to gender-based discrimination that affects women and Two-Spirited men.

Survey respondents identified gaps in housing, long-term residential care facilities and services for homeless and low-income Aboriginal people living with HIV/AIDS in urban centres.

Aboriginal people living with HIV/AIDS tend to under-utilize hospices, social housing, long-term residential care facilities, home care and other HIV/AIDS related services and supports. Discrimination; cultural, linguistic and gender barriers; and a bureaucratic and culturally-alienating process were the main reasons given for this.

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Low-income Aboriginal people with HIV/AIDS have limited access to supportive housing. Native Urban Housing Corporations are not mandated or necessarily equipped to serve Aboriginal people living with HIV/AIDS, particularly those with addiction and mental health problems. The situation is further complicated by the long waiting lists for the current stock of social housing and the lack of funding for increasing the number of units. Many Aboriginal people living with HIV/AIDS are reluctant to disclose their seropositive status even if this were to facilitate access to housing.

Not all Aboriginal people living with HIV/AIDS are aware of the housing options available to them. They need more information and assistance in the procurement of social housing.

Culturally appropriate services for Aboriginal people living with HIV/AIDS

There are no Aboriginal-specific culturally appropriate hospice/long-term residential care facilities or supportive housing facilities in Canada, despite advocacy efforts by Aboriginal organizations. Some Aboriginal families choose to care for their loved ones living with HIV/AIDS at home. However, there is insufficient funding and access to respite care for them.

Aboriginal families living with HIV/AIDS, particularly single-parent, female-headed families, have specific housing and care needs.

The survey respondents agreed that appropriate services for urban Aboriginal people with HIV/AIDS should necessarily include a cultural component. Guiding principles for the development of culturally-appropriate services (provided by Aboriginal people for Aboriginal people) and for cultural enhancement of mainstream services (provided by non-Aboriginal people) include:

- consultation with key First Nations, Inuit and Métis stakeholders as well as people with HIV/AIDS;
- staffing and participation in decision-making by Aboriginal people;
- affirmation of cultural values, spirituality, traditions and practices; and
- respect for diversity within the Aboriginal community.

Culturally appropriate services would include:

- long-term care facilities staffed with Aboriginal health workers and resources; such facilities should be able to accommodate family members;
- a continuum of care that includes culturally appropriate healing, health and support services such as counselling and palliative care;
- healing and health services that include access to Elders, sweat lodges, ceremonies, traditional food, and traditional medicines and healing practices;
- more culturally-appropriate and supportive low-income housing units for people with HIV/AIDS in urban native housing programs, and education for staff on HIV/AIDS issues;
- more social housing units for Aboriginal people with HIV/AIDS and ensuring better access for seropositive women and their children;
- transitional housing (emergency, short-term and long-term), life skills training and ongoing support services (counselling, access to Elders, family support); and
- better access to information on available housing/long-term care options.

Cultural enhancement of mainstream services would include:

- cross-cultural and anti-racism training for non-Aboriginal staff,
- more Aboriginal staff (home care, outreach, counselling, nurses),
- enhanced Aboriginal participation in decision-making,
- linguistic and cultural interpreters,
- accompaniment of Aboriginal clients to mainstream services,
- access to Elders, ceremonies and traditional healing practices,
- culturally-appropriate counselling and supports, and
- enhanced access to hospices, social housing and respite care.

CONCLUSION

Improving the housing and long-term care options for urban First Nations, Inuit and Métis population living with HIV/AIDS is critical since the majority of Aboriginal people with HIV/AIDS cannot return home to their communities. Barriers include the lack of services as well as the stigma around AIDS and the associated stigmas related to injection drug use and sex work, in addition to gender-based discrimination. Accommodating the diverse housing and care needs of urban First Nations, Inuit and Métis people living with HIV and AIDS requires a multi-faceted strategy tailored to the local context.

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Under Part IX of the *National Housing Act*, the Government of Canada provides funds to CMHC to conduct research into the social, economic and technical aspects of housing and related fields, and to undertake the publishing and distribution of the results of this research.

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